

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known Application Number 10/595,959-Conf. #9672 Filing Date May 22, 2006 First Named Inventor Larry R. Krepski Examiner Name Rita J. Desai Art Unit 1625 Attorney Docket No. C1271.70022US02	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 490.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number 23/2825 Deposit Account Name Wolf, Greenfield & Sacks, P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
2. EXCESS CLAIM FEES							Small Entity Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- or HP = _____ x _____ = _____						
HP = highest number of total claims paid for, if greater than 20.						

HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
-100 = _____ /50 = _____ (round up to a whole number) x _____ = _____			
4. OTHER FEE(S)			Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)			_____
Other (e.g., late filing surcharge): 1252 Extension for response within second month			490.00

SUBMITTED BY			
Signature	/C. Hunter Baker/	Registration No. (Attorney/Agent)	46,533
Name (Print/Type)	C. Hunter Baker, M.D., Ph.D.	Telephone	617.646.8000
		Date	February 3, 2010

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).	
Dated: February 3, 2010	Electronic Signature for Daniel S. Peters: /Daniel S. Peters/